

**STATE WATER RESOURCES CONTROL BOARD
CERTIFICATION OF BOND AND INSURANCE COVERAGE**

Name of Applicant

Project No. **C-06-4062-330**

OR SCG-

Name of Insured Contractor -

Schedule Date of Completion

PERFORMANCE BOND

Company

Policy No.

Amount

Date Expires

LABOR & MATERIAL BOND

Company

Policy No.

Amount

Date Expires

PUBLIC LIABILITY

Company

Policy No.

Amount

Date Expires

PROPERTY DAMAGE

Company

Policy No.

Amount

Date Expires

***FIRE INSURANCE**

Company

Policy No.

Amount

Date Expires

****WORKMAN'S COMPENSATION**

Company

Policy No.

Amount

Date Expires

* If covered by blanket policy, please explain and indicate limits.

** If covered through the industrial commission or other agency as required by State Law, it will be satisfactory to indicate the policy number.

I certify that the above coverage in the amounts indicated is carried on the project.
These policies will be kept in force for the duration of construction of the project.

Signature of Applicant's Authorized Representative

Title

Date

A copy of this document must be retained in the applicant's files.

NOTICE TO LABOR UNIONS OR OTHER ORGANIZATIONS OF WORKERS
NON DISCRIMINATION IN EMPLOYMENT

TO: _____
(Name of union or organization of workers)

The undersigned currently holds contract(s) with _____
(Name of Applicant)

involving funds or credit of the U.S. Government of (a) subcontract(s) with a prime contractor holding such contract(s).

You are advised that under the provisions of the above contract(s) or subcontract(s) and in accordance with Executive order 11246, the undersigned is obliged not to discriminate against any employee or applicant for employment because of race, color, creed or national origin. This obligations not to discriminate in employment includes, but is not limited to the following:

HIRING, PLACEMENT, UPGRADING, TRANSFER, OR DEMOTION,
RECRUITMENT, ADVERTISING, OR SOLICITATION FOR EMPLOYMENT
TRAINING DURING EMPLOYMENT, RATES OF PAY OR OTHER FORMS OF
COMPENSATION, SELECTION FOR TRAINING INCLUDING
APPRENTICESHIP, LAYOFF, OR TERMINATION

This notice is furnished you pursuant to the provisions of the above contact(s) or subcontract(s) and Executive Order 11246.

Copies of this notice will be posted by the undersigned in conspicuous places available to employees or applicants for employment.

/S/

(Contractor or subcontractor)

(Date)

